



## Workers Compensation New Venture Questionnaire

Today's Date: \_\_\_/\_\_\_/\_\_\_

Producer: \_\_\_\_\_

Account Name: \_\_\_\_\_

Proposed Effective Date: \_\_\_/\_\_\_/\_\_\_

1. Narrative from the prospective insured, on his letterhead, outlining his business experience.
2. Explain (in remarks section) how the insured will conduct his interviews and what level of experience of the new employee(s) he is looking for.
3. Is the applicant:
  - a.  Commencing to do business for the first time
  - b.  Just now hiring employee(s) for the first time
  - c.  Has not had WC coverage for employees previously and is now requesting coverage
  - d. Date employee(s) first hired: \_\_\_/\_\_\_/\_\_\_
4. Is applicant purchasing a pre-existing business:  No  Yes
  - a. If yes, are they retaining current management:  Yes  No
  - b. If yes, are they retaining current employees:  Yes  No
  - c. Date purchased: \_\_\_/\_\_\_/\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date